

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized CommitteeSECRETARY  
PUBLIC14 JUL 14 PM 3:12  
Office Use Only1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Champ Edmunds

ADDRESS (number and street)  
▼

PO Box 17612

Check if different  
than previously  
reported. (ACC)

Missoula

MT

59808

2. FEC IDENTIFICATION NUMBER ▼

C C00543041

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

MT

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

M M

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

M M

Election on

in the  
State of

5. Covering Period

M M / D D

05

15

Y Y

2014

through

M M / D D

06

30

Y Y

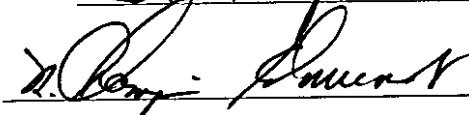
2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

CHAMP EDMUNDS

Signature of Treasurer



Date

07/09/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)